Greater Amsterdam School District
DASA Report Form

Offender: _______________________
School filling report: _______________________
Date/time of incident: ________________
Person completing this report: ________________

Part I. Basic Information

Incident occurred (check one):
□ During regular school hours  □ Before or after regular school hours

Location of incident (check one):
□ Auditorium  □ Bus  □ Girls bathroom  □ Hallway  □ Playing field
□ Boys bathroom  □ Cafeteria  □ Girls locker room  □ Parking Lot  □ Pool
□ Boys locker room  □ Classroom  □ Gymnasium  □ Playground  □ Cyber Offense
□ Other (specify below)

Incident occurred (check one):
□ On school property  □ At school sponsored function off school grounds
□ Off school property (select this only if it is a cyber offense)

Incident was (check all that apply):
□ Gang related  □ Bias related

Part II. DASA

Description of Incident: (Please use as much detail as possible, such as who was involved, how it happened and if there were any injuries)
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___________________________________________________________________________________________
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Teacher/Person reporting incident: (Last name, first name): ________________________________

Bias(es) of Incident (check all that apply):
□ Actual or perceived race  □ Color  □ Disability  □ Ethnic group
□ Gender  □ National origin  □ Religion  □ Religious practices
□ Sex  □ Sexual orientation  □ Weight  □ Other
Part III. Actions Taken

**Actions Taken (check all that apply):** Please include the number of days (in school or out of school suspension)

- ☐ Counseling or treatment programs
- ☐ Teacher removal _________________
- ☐ Suspension from class or activities __________
- ☐ Out of school suspension _________________
- ☐ Transferred to Alternate Education Program
- ☐ Referred to law enforcement or juvenile justice system
- ☐ Other - specify
- ☐ Other - specify
- ☐ Reprimand
- ☐ Lunch detention
- ☐ Other outside agency
- ☐ Parent meeting
- ☐ Parent phone call
- ☐ Recess privileges revoked

Consequences determined by:__________________________

Victims: ______________________________________

Witnesses: ______________________________________

**Additional Notes:**

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